

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

FILED JUN 2 1955

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. <u>122</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>210 N. Hope</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Baugh</u> c. (Last) <u>Baugh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u># 5 23 55</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-13-56 1891</u>		
9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR Months Days		11. UNDER 100 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Justice of Peace</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Frank Baugh</u>		13b. MOTHER'S MAIDEN NAME <u>Estelle Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie E. Baugh</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-03-2886</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sadie E. Baugh Jackson, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1-24</u> , 19 <u>51</u> ; to <u>5-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-22</u> , 19 <u>55</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C.F. McDonald, M.D.</u>				23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>5-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/23/55</u>		REGISTRAR'S SIGNATURE <u>By Russell H. Sabin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCombs Funeral Home Jackson, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thas K. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.